Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: HARRIS METHODIST FORT WORTH 3255 W PIONEER PKWY ARLINGTON TX 76013	MFDR Tracking #: M4-07-2569-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: EMPLOYERS ASSURANCE CO Box #: 34	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "I am filing this MDR to appeal for payment of charges for a 4/10/06 service. This claim was billed on 4/16/06 and on 4/20/06. Neither claim was acknowledged by Amcomp. It was then faxed to the adjustor on 8/7/06 and denied for timely filing. This claim was billed well within the 95 day limit-in fact only 6 and 10 days after the services, but the carrier failed to process. We request this claim be processed for payment."

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Medical Records
5. Total Amount Sought - $2386.43

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "Upon review of the attached documentation and that found within the carrier's file, the denial of this bill due to not being timely filed will stand. There is nothing within the carrier's file that shows this bill was ever received before 8-7-06. The bill that was received on 8-7-06 via fax, was incomplete and not timely filed. It was promptly returned on 8-11-06. A complete medical bill was not received until 10-3-06 – almost two months later. Bill was audited and denied and the EOB was mailed 10-17-06. The request for reconsideration was received on 11-15-06. Bill was denied and the EOB mailed. It appeals that the provided did not follow-up timely on their original submission they stated was on 4-16-06, nor the on the one submitted 4-20-06. The carrier cannot take action on a bill that was never received."

Principal Documentation:

1. Response Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
4/11/2006	Hospital Outpatient Surgery Services	Not Applicable	$2386.43	$0.00
			Total Due:	$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code §408.027, titled *PAYMENT OF HEALTH CARE PROVIDER*, effective September 1, 2005, sets out deadline for timely submitting the medical bills to the insurance carrier.
2. Division rule at 28 TAC §102.4(h), titl*ed General Rules for Non-Commission Communication*, effective May 1, 2005, sets out rules to determine when written documentation was sent.
1. Division rule at 28 TAC §133.307, titled *Medical Dispute Resolution of a Medical Fee Dispute*, effective January 1, 2003, 27 TexReg 12282, applicable to disputes filed on or after January 1, 2003, sets out the procedures for health care providers to pursue a medical fee dispute.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated 10/9/2006
   - 29 –Time limit for filing claim/bill has expired.
   - W1-Workers' Compensation state fee schedule adj.

   Explanation of benefits dated 11/28/2006
   - 29 –Time limit for filing claim/bill has expired.
   - W1-Workers' Compensation state fee schedule adj.
   - W4-No additional payment allowed after review.

Issues

1. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027(a), Division rule at 28 TAC §133.20(b) and Division rule at 28 TAC § 102.4(h)?

Findings

1. Texas Labor Code §408.027(a), titled *PAYMENT OF HEALTH CARE PROVIDER*, effective September 1, 2007, states "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

   Division rule at 28 TAC §133.20(b), titled *Medical Bill Submission by Health Care Provider*, effective January 29, 2009, "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A)-(H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation."

   Division rule at 28 TAC § 102.4(h), titled *General Rules for Non-Commission Communication*, effective May 1, 2005 states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:
   (1) the date received, if sent by fax, personal delivery or electronic transmission or,
   (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

   The requestor states in their position summary that "This claim was billed on 4/16/06 and on 4/20/06. Neither claim was acknowledged by Amcomp. It was then faxed to the adjustor on 8/7/06 and denied for timely filing." The Division reviewed the submitted documentation and finds that the requestor did not submit a fax confirmation report, personal delivery or electronic transmission report, postmarked mail or signature date on written communication to support position that the medical bill was sent timely.

   The Division finds that the requestor has forfeited the right to reimbursement due to untimely submission of the

medical bill for the service in dispute in accordance with Texas Labor Code §408.027(a) and Division rule at 28 TAC §133.20(b).

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support that the disputed medical bill was submitted timely in accordance with Texas Labor Code §408.027(a) and Division rule at 28 TAC §133.20(b). For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is $0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to $0.00 reimbursement for the services involved in this dispute.

Authorized Signature	Medical Fee Dispute Resolution Officer	9/9/2010
		Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.